

Please affix a plus sign (+) inside this box → ☐

Approved for use through 10/1/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1996, no person is required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/602,281
	Filing Date	06/24/2003
	First Named Inventor	William I. Young
	Title	Oil Digesting ...
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer Number Bar Code Label here

OR

☒ Practitioner(s) named below:

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number →

Place Customer Number Bar Code Label here

OR

☒ Firm or Individual Name: James C. Wray

Address: 1493 Chain Bridge Road

Address: Suite 300

City: McLean State: VA Zip: 22101

Country: U.S.

Telephone: (703) 442-4800 Fax: (703) 448-7397

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

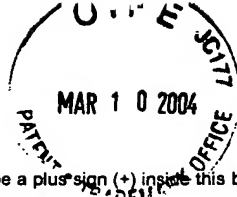
SIGNATURE of Applicant or Assignee of Record

Name	William I. Young
Signature	
Date	2/9/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Sworn Hour Statement: This form is estimated to take 5 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

William I. Young

COMPLETE IF KNOWN

Application Number

10 / 602,281

Filing Date

06/24/2003

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Oil Digesting Microbe-Plastic Foam

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/24/2004

as United States Application Number or PCT International

Application Number

10/602,281

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/390,933	06/24/2002	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>		OR <input type="checkbox"/> Correspondence address below	
Name <i>William E. Young</i>			
Address <i>75 SEDGWICK DR.</i>			
City <i>No. Scituate</i>	State <i>MA</i>	ZIP <i>02066</i>	
Country <i>U.S.A.</i>	Telephone <i>781 545 4947</i>	Fax <i>781 545 1835</i>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>William E</i>		Family Name or Surname <i>YOUNG</i>	
Inventor's Signature <i>William E. Young</i>		Date <i>3/8/04</i>	
Residence: City <i>No. Scituate</i>	State <i>MA</i>	Country <i>U.S.A.</i>	Citizenship <i>US</i>
Mailing Address <i>75 Sedgewick DR.</i>			
City <i>No. Scituate</i>	State <i>MA</i>	ZIP <i>02066</i>	Country <i>US</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>John Kingsley</i>		Family Name or Surname <i>FOSTER</i>	
Inventor's Signature <i>John K. Foster</i>		Date <i>3/9/04</i>	
Residence: City <i>Harwichport</i>	State <i>MA</i>	Country <i>US</i>	Citizenship <i>US</i>
Mailing Address <i>36 SPINNER LN #A</i>			
City <i>Harwichport</i>	State <i>MA</i>	ZIP <i>02646</i>	Country <i>US</i>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/GB-02A or 021A assigned name			